Effective on 12/08/2004.				Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				10/566 110			
FEE TRANSMITTAL				Application Number 10/566,4		12	
For FY 2009				ng Date	1/3/2007	1	
Applicant claims small entity status. See 37 CFR 1.27				First Named Inventor Jurgen R Examiner Name Robert E		-	
				Examiner Fund		om	
				Art Unit 1797		72.502	
TOTAL AMOUNT OF PAYMENT (\$) 810				Attorney Docket 4587 - 053593			
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
Small Entity Small Entity Small Entity Small Entity							
Application Type	Fee (\$) Fee	(\$) Fee (\$	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fees P	<u> </u>
Utility	330 8	2 540	270	220	110	<u></u>	
Design	220 11	.0 100	50	140	70		
Plant	220 11	.0 330	165	170	85		
Reissue	330 16	55 540	270	650	325		
Provisional	220 11	0 0	0	0	0	,	
2. EXCESS CLAIM FEES							Small Entity
Fee Description Fee (\$)							<u>Fee (\$)</u>
Each claim over 20 (including Reissues) 52							26
Each independent claim over 3 (including Reissues)							110
Multiple dependent cla	ims					390	195
<u>Total Claims - 2</u>	20 or HP <u>E</u> 2	<u>xtra Claims</u>	<u>Fee (\$)</u>	Fee Paid (\$)		Multiple D	ependent Claims
$\frac{12}{\text{HP = highest number of }}$	$\frac{20}{\text{total claims naid for }}$	0 x _	0	=		<u>Fee (\$)</u>	Fee Paid (\$)
	wai waims paiu for,	n greater man 20.					
Indep. Claims - 3	•	ktra Claims	Fee (\$)	Fee Paid (\$)			
HD = bighest number of	<u> </u>	0 x	$\frac{0}{0}$	=			
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under							
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.							
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
$\frac{100 - 100}{100} = \frac{100 - 100}{100} = 10$							x co I ald (b)
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Request for Continued Examination (RCE) Fee							\$810
SUBMITTED BY							
Signature	Mah		•	Registration No. (Attorney/Agent)	34,219	Telephone 4	12-471-8815
Name (Print/Type) John W. McIlvaine Date Januar							ry 11, 2010